

796000002339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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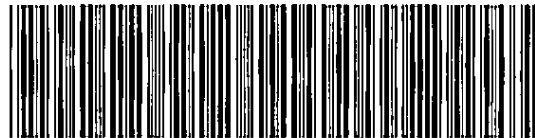
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lenore Schiller PA  
Name of Corporation

**DOCUMENT NUMBER:** P96000002339

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lenore Schiller

Name of Contact Person

Lenore Schiller PA

Firm/Company

PO Box 1220

Address

Lake Wales FL 33859

City/State and Zip Code

LenoreS27@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lenore Schiller

at (8636053442)

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lenore Schiller PA
2. The principal office address: 1003 Old Cutler RD, Lake Wales, FL 33898
3. The mailing address (if different): PO Box 1200, Lake Wales, FL 33859
4. Date of incorporation/qualification: 01/01/1996 Document number: P96000002339
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Lenore Schiller

1003 Old Cutler RD

Lake Wales, FL 33898

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lenore Schiller

2854 Laurel AV

P.O. Box NOT acceptable

Lake Wales, FL 33859

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Lenore Schiller  
Signature of an officer or director

Lenore Schiller President  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Lenore Schiller  
Signature of Registered Agent

02 OCT 2021  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

FILED  
2021 OCT -5 PM 1:20  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA